

# Snohomish County Sheriff's Office

## Explorer Post #207

### Membership Application Packet Page 2/7

The **APPLICANT** must print and complete all sections. Incomplete or illegible applications will not be accepted.

#### Section 1: Personal Information

Application Date: \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_

(Last, First, Middle)

D.O.B: \_\_\_/\_\_\_/\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Must be 14.5 years old and have completed 8<sup>th</sup> grade as of date of appointment**

Social Security Number: \_\_\_\_\_ (Optional)

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Myspace.com url: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Full name, Relationship and Telephone Number)

#### If Applicant is under the age of 18, complete the following:

Parent or Guardian: \_\_\_\_\_

(Last, First, Middle)

Relationship: \_\_\_\_\_

Parent/ Guardian Address: \_\_\_\_\_

\_\_\_\_\_

#### Parent or Guardian Waiver:

I hereby permit and allow my son/ daughter \_\_\_\_\_ to participate in the Snohomish County Sheriff's Office Explorer Program. I hereby acknowledge and release Sheriff's Office, its Deputies, and employees from any liability whatsoever during any activity my son/ daughter \_\_\_\_\_ may become involved in while attending a post meeting or function.

Parent or Guardian Signature: \_\_\_\_\_

# Snohomish County Sheriff's Office

## Explorer Post #207

### Membership Application Packet Page 3/7

Please print and complete all sections. Incomplete or illegible application will not be accepted.

#### Section 2: Work and School Information

School Name: \_\_\_\_\_, Location: \_\_\_\_\_

Last Grade Completed/ Current Grade: \_\_\_\_\_/ \_\_\_\_\_

G.P.A. \_\_\_\_\_

Copy of most recent report card attached: (required except for college students) \_\_\_\_ yes \_\_\_\_ no  
If NO, why not? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone#( ) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

#### Section 3: References- Must be non relatives

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone#( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone#( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone#( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #( ) \_\_\_\_\_ - \_\_\_\_\_

# Snohomish County Sheriff's Office

## Explorer Post #207

### Membership Application Packet Page 4/7

Please print and complete all sections. Incomplete or illegible application will not be accepted.

#### Section 4: Background Questions

##### Drug Usage:

- |  |  |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. Have you ever used any controlled substances not prescribed for you by an authorized individual within the past 12 months?                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. Have you ever used illegal drugs?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. Have you ever sold, offered to sell, or transport for sale, any illegal drugs, controlled substances or narcotics regardless of time frame? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Have you ever used Marijuana or its derivatives within the last 12 months?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 5. Have you ever used any hallucinogenic drugs such as LSD, PCP, mushrooms, etc.?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Have you ever used non-prescribed opiates or narcotics (heroin, morphine, oxycodone, etc.)?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 7. Have you ever used anabolic steroids within the past 12 months?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 8. Have you ever used cocaine or its derivatives?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 9. Have you ever used methamphetamine/ amphetamine (crystal, crank, ice, glass, ecstasy, speed, etc.)?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Have you ever consumed any alcoholic beverage without being in direct supervision and with the permission of your parent or guardian?      |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Have you ever used any prescription drugs that were not prescribed to you (oxycontin, vicodin, etc.)?                                      |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Have you ever applied to be a Law Enforcement Explorer with any other agency?  |

If yes, which agency \_\_\_\_\_ When? \_\_\_\_\_

##### Criminal:

- |  |  |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Have you ever been convicted of a Felony?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Have you ever been convicted of a misdemeanor?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 13. Have you ever been arrested for anything?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 14. Have you ever been in possession of a firearm (regardless if criminally charged or not, do not include while at a range training facility under supervisor or while enlisted in the military)? |

# Snohomish County Sheriff's Office

## Explorer Post #207

### Membership Application Packet Page 5/7

Please print and complete all sections. Incomplete or illegible application will not be accepted.

#### Traffic:

▫ YES ▫ NO

14. Have you ever had your driver's license suspended/ revoked?

▫ YES ▫ NO

15. Using the following point schedule, have you accumulated more than six (6) points in the past two years? More than ten (10) points in the past five (5) years?

| Points   | Violation  |
|----------|--|
| 2 points | Standard Moving or Equipment Violation   |
| 2 points | Speeding, 1-14 mph over the speed limit  |
| 3 points | Speeding, 15-19 mph over the speed limit   |
| 4 points | Speeding, 20 + miles over the speed limit  |
| 6 points | Hit and run unattended, negligent driving, reckless driving, or DUI with no accident |
| 8 points | Hit and run attended, reckless driving or DUI with an accident                       |

All the information provided in this application is true and accurate to the best of my knowledge. I understand that this information will be verified and that any misstatement will result in removal from the eligibility list and/ or position of Explorer

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

# **Snohomish County Sheriff's Office**

## **Explorer Post #207**

### **Membership Application Packet Page 6/7**

Please print and complete all sections. Incomplete or illegible application will not be accepted.

I, \_\_\_\_\_ (Parent or Guardian / Self), give  
my permission to have my dependent/self, \_\_\_\_\_ (full name)

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

treated at the most available medical facility, in the event said dependent becomes ill or injured. I further understand I am responsible for the cost of any such treatment.

As the parent/guardian or Explorer adult over 18 (self), I authorize my son / daughter / self to participate in the activities of the Snohomish County Sheriff's Office Explorer Post. This authorization acknowledges certain dangers may occur, including, but not limited to, the hazards of strenuous physical exercises, mock scene participation, firearms training and any other duty or circumstances associated with the Snohomish County Sheriff's Office Explorer Post.

In consideration of, and by authorization of, my son/daughter/self the right to participate in Post #207. I have and do hereby assume all of the above mentioned risks and will hold the Snohomish County Sheriff's Office, its Deputies, and its other employees harmless from any and all liability, action and causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise from my participation in or my going to and from any activities arranged for me by the aforementioned parties.

I have adequate insurance coverage through my family to cover my medical needs should I become ill or injured, and understand I must fully bear the cost of such treatment through such coverage.

The terms hereof shall serve as a release and assumption of risks for my heirs, executor and administrators and for all members of my family.

As a parent, legal guardian, or self, I understand the aforementioned and acknowledge so by signing this form. I swear the information contained on this form, which I have provided, is complete and accurate to the best of my knowledge.

PARENTS SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_  
(If explorer is under 18)

APPLICANT SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_

# **Snohomish County Sheriff's Office**

## **Explorer Post #207**

### **Membership Application Packet Page 7/7**

Please print and complete all sections. Incomplete or illegible application will not be accepted.

### **Authorization to conduct background investigation**

I hereby authorize and release information relative to my son/ daughter/ self/ other \_\_\_\_\_ . This information is to be obtained by and released only to the members assigned as investigators for the Snohomish County Sheriff's Office. It is expressly understood that a background investigation and/ or a polygraph exam into my son/ daughter/ self/ other \_\_\_\_\_ scholastic, social, and past activities that involve a police record is necessary for determining eligibility for membership in the Snohomish County Sheriff's Office Explorer Program. It is further understood that any information released shall be used for the sole purpose of determining membership eligibility within the explorer post only and shall not be used, or released for any other purpose whatsoever.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_